FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

- SEC	USE ONLY
Prefix	Serial
DAT	RECEIVED

Estimated average burden

hours per response . . . 16.00

3235-0076

April 30, 2008

OMB Number:

Expires:

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate changes and the company Stock	ge.)	
15,000,000 Shares of Common Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sect	ion 4(6) ULOE	PROCESSE
Type of Filing: New Filing	<u></u>	
A. BASIC IDENTIFICATION DATA		-NO V 1 9 2007
1. Enter the information requested about the issuer		 _
Name of Issuer (check if this is an amendment and name has changed, and indicate change Elixir Gaming Technologies, Inc.	30.)	THOMSON
Address of Executive Offices: (Number and Street, City, State, Zip Code)	Telephone Number (Inclu	FINANCIAL
1120 Town Center Drive, Suite 260, Las Vegas, NV 89144	(702) 733-7195	
Address of Principal Business Operations: (Number and Street, City, State, Zip Code)	Telephone Number (Inclu-	ding Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Sells and leases electronic games and table products for the gaming industry.		
Type of Business Organization		
☐ corporation ☐ limited partnership, already formed ☐ other	(please specify): limited	liability company
business trust limited partnership, to be formed	· · · · · · · · · · · · · · · · · · ·	
Month Year		
Actual or Estimated Date of Incorporation or Organization: 0 3 9 9	Actual Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	for State: NV	
CN for Canada; FN for other foreign jurisdiction		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	3. A notice is deemed filed w	ith the U.S. Securities
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	below or, if received at that ac	ddress after the date on
Where to File: U.S. Securities and Exchange Commission, 100 F Street, NE, Washington, DC 20549.		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.		nually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previous Appendix need not be filed with the SEC.	t the name of the issuer and only supplied in Parts A and	offer-ing, any changes I B. Part E and the
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp-tior form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to be completed.	Administrator in each state was a fee in the proper amount	here sales are to be, or shall accompany this
ATTENTION		
Failure to file notice in the appropriate states will not result in a loss of the federal example appropriate federal notice will not result in a loss of an available state exemption unit to filing of a federal notice	emption. Conversely, less such exemption is	predicated on

BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Yuen, Gordon (Number and Street, City, State, Zip Code) **Business or Residence Address** 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Pisano, Joseph **Business or Residence Address** (Number and Street, City, State, Zip Code) 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer Director ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Patajo-Kapunan, Lorna Business or Residence Address (Number and Street, City, State, Zip Code) 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Executive Officer □ Director General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) DiVito, Vincent L. **Business or Residence Address** (Number and Street, City, State, Zip Code) 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Check Box(es) that Apply: Beneficial Owner □ Director General and/or Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Harvey, Paul A. **Business or Residence Address** (Number and Street, City, State, Zip Code) 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Miodunski, Robert L. **Business or Residence Address** (Number and Street, City, State, Zip Code) 1120 Town Center Drive, Suite 260, Las Vegas, NV 89144 Check Box(es) that Apply: Beneficial Owner Director Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Chung, Clarence

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

(Number and Street, City, State, Zip Code)

Business or Residence Address

1120 Town Center Drive, Suite 260, Las Vegas, NV 89144

<u> </u>		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requ	uested for the fo	llowing:			
Each promoter of the is:	suer, if the issuer	has been organized within			
securities of the issuer;					more of a class of equity
			orporate general and ma	naging partners	of partnership issuers; and
 Each general and management 	ging partner of p	artnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Reberger, David R.	f individual)				
Business or Residence Addre	ess (Number	and Street, City, State, 2	Lip Code)		
1120 Town Center Drive, S	uite 260, Las V	egas, NV 89144	<u>-</u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Zee, Peter					
Business or Residence Addre 1120 Town Center Drive, S	•	and Street, City, State, 2 egas, NV 89144	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Stowe Jr., Walter B.	if individual)				
Business or Residence Addre	ess (Number	and Street, City, State, 2	Zip Code)		
1120 Town Center Drive, S	uite 260, Las V	egas, NV 89144			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Melco International Develop	ment LTD				
Business or Residence Addr	ess (Number	and Street, City, State, 2	Zip Code)		
38/F The Centrium, 60 Wyn	dham Street, Co	entral, Hong Kong			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number	and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number	r and Street, City, State,	Zip Code)		
	(Use blank	sheet, or copy and use add	ditional copies of this she	et, as necessary)	

					B. INFO	RMATI	ON ABO	UT OFFE	RING				
1. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	non-accre	dited inve	estors in th	is offerin	g?		***************	Yes No
		•		Answer als									
2. Wha	at is the m	inimum in	vestment t	hat will be	accepted	from any	individua	l?		•••••			\$ <u>N/A</u>
3. Doe	3. Does the offering permit joint ownership of a single unit?									Yes No ⊠ □			
4. Ente	er the inf	ormation	requested	for each	person wi	ho has be	en or wi	ili be paid	or giver	ı, directly	or indire	ctly, any	
pers state	son to be es, list the	listed is an name of	n associate the broke	on for soliced person or dealer the information of	or agent of	of a broke than five	r or deale (5) perso	er registere ons to be	d with th	e SEC and	d/or with	a state or	
Full Na	me (Last i	name first,	if individ	ual)									
ThinkE	Equity Pa	rtners, LI	.C										
Busines	ss or Resid	lence Addi	ress (Num	ber and St	reet, City,	State, Zip	Code)		•				
600 M	ontgomer	y Street,	San Fran	cisco, CA	94111								
Name o	f Associat	ed Broker	or Dealer										
ThinkE	quity Part	ners, LLC											
States in	n Which F	erson List	ed Has So	licited or l	ntends to	Solicit Pu	rchasers						
(Ch	eck "Ail S	tates" or c	heck indiv	vidual Stat	es)	•••••							All States
[AL]	[AK]	[AZ]	[AR]	√ [CA]	√ [CO]	√ [CT]	[DE]	[DC]	[FL]	[GA]	[Hi]	[ID]	
√ [[L]	[N]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	√[1 11]	[NM]	√[NY]		[ND]	[OH]	[OK]	[OR]	[PA]	
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	√ [W[]	ĮWYJ	[PR]	
Full Na	ıme (Last ı	name first,	if individ	ual)									
Busines	ss or Resid	lence Add	ress (Num	ber and St	rect, City,	State, Zip	Code)						
Name o	of Associa	ted Broker	or Dealer										···
States in	n Which F	Person List	ed Has So	licited or	Intends to	Solicit Pu	rchasers					<u> </u>	
				vidual Stat								Г	All States
-													7111 States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) {MI}	[GA] [MN]	[HI] [MS]	[ID] [MO]	
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	įwvj	[WI]	[WY]	[PR]	
Full Na	ıme (Last	name first,	if individ	ual)							<u> </u>		
Busines	ss or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)		-1-				
Name o	of Associa	led Broker	or Dealer								· -		
States i	n Which F	Person List	ed Has Sc	licited or	Intends to	Solicit Pu	rchasers						
				vidual Stat									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[AL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	(NE)	[NV]	[NH]	[rи]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	{WA}	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answ	e of securities included in this offering and er is "none" or "zero." If the transact indicate in the columns below the amount exchanged.	ion is an exchange	
Type of Security	•	Aggregate Offering Price	Amount Already Sold
Debt		s	\$
Equity		\$ <u>52,500,000</u>	\$ <u>52,500,000</u>
⊠ Comm	non Preferred (including v	varrants)	
Convertible Securities (inclu	uding warrants)	\$	\$
Partnership Interests		s	\$
Other (Specify	<u> </u>	s	\$
Total		\$ <u>52,500,000</u>	\$52,500,000
Answer also in Appe	endix, Column 3, if filing under ULOE		
in this offering and the aggrega Rule 504, indicate the number o	and non-accredited investors who have pute dollar amounts of their purchases. If persons who have purchased securities of the total lines. Enter "0" if answer is	For offerings under sand the aggregate	Aggregate
		Number Investors	Dollar Amount of Purchases
Accredited Investors		26	\$ <u>52,500,000</u>
Non-accredited Investors		<u>N/A</u>	\$ N/A
Total (for filings under	Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
Answer also in Appe	endix, Column 4, if filing under ULOE		
securities sold by the issuer, to	der Rule 504 or 505, enter the informat date, in offerings of the types indicated securities in this offering. Classify secu	, in the twelve (12)	Dollar Amount
Type of Offering		Security	Sold
**		<u>N/A</u>	\$ <u>N/A</u>
Regulation A		<u>N/A</u>	\$ N/A
-			\$ N/A
			\$ N/A
in this offering. Excluded an information may be given as so	expenses in connection with the issuance mounts relating solely to organization ubject to future contingencies. If the check the box to the left of the estimate.	n expenses of the issuer. The	
			⋈ \$ <u>1,500</u>
_			□ \$ <u>N/A</u>
			⋈ \$ <u>50,000</u>
-			
			□ \$ <u>N/A</u>
			∑ \$ 2,598,750
	, itilders rees separater, ,		
•		ses	⊠ \$ <u>128,000</u>

 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4 h phases. 		\$ <u>49,721,750</u>
Question 4.b above. Salaries and fees	Payments to Officers, Directors, & Affiliates \$ N/A	Payments To Others
Purchase of real estate	□ \$ N/A	□ \$ N/A
Purchase, rental or leasing and installation of machinery and equipment	□ \$ N/A	□ \$ N/A
Construction or leasing of plant buildings and facilities	□ \$ N/A	□ \$ N/A
Repayment of indebtedness	□ \$ <u>N/A</u>	□ \$ N/A □ \$11,000,000 □ \$5,221,750 □ \$33,500,000
	□ \$ <u>N/A</u>	\$ N/A
Column Totals	□ \$0.00	3 1 1 1 1 1 1 1 1 1 1
Total Payments Listed (column totals added)		19,721,750
D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchang of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (by	ge Commission, up	der Rule 505, the on written request
Issuer (Print or Type) Elixir Gaming Technologies, Inc.	Date November 7	, 2007
Name of Signer (Print or Type) Title of Signer (Print or Type)	/	
Martie Vleek Vice President of Finance		
ATTENTIONIntentional misstatements or omissions of facts constitute federal criminal violation	IS. (See 18 U.S.	.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	No
of such rule?	. 🗆	⊠

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true an has duly caused this notice to be signed on its behalf by the undersigned duly authorized person

Issuer (Print or Type) Elixir Gaming Technologies, Inc.	Signature Dell	Date November 7, 2007
Name of Signer (Print or Type) Martie Vleek	Title of Signer (Print or Type) Vice President of Finance	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear types or printed signatures.

APPENDIX

1		2	3		5 Disqualification under State ULOE					
	Intend to non-actinvestors	credited in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State					
	(Part B-	Item 1)	(Part C-Item 1)		(Part C	-Item 2)	r	(Part E-	Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
AL			<u> </u>							
AK	 	 								
AZ						-				
AR		 								
CA		Х	Common Stock - \$52,500,000	3	\$13,300,000	-0-	-0-		Х	
CO		X	Common Stock - \$52,500,000	5	\$18,375,000	-0-	-0-		X	
СТ		Χ.	Common Stock - \$52,500,000	3	\$1,487,500	-0-	-0-		Х	
DE										
DC										
FL								<u> </u>		
GA										
HI										
ID								<u> </u>		
IL.		Х	Common Stock - \$52,500,000	5	\$4,637,500	-0-	-0-		X	
IN										
IA								<u> </u>		
KS									ļ	
KY								-	1	
LA							<u> </u>			
ME	ļ						<u> </u>		<u> </u>	
MD						ļ <u>-</u>	ļ		<u> </u>	
MA		<u> </u>				<u> </u>	ļ <u></u>		<u> </u>	
MI		<u> </u>			ļ				<u> </u>	
MN							-	-	 	
MS										

APPENDIX

1		2	3 Type of security	e of security		Disqua			5 ification ate ULOE	
	Intend to non-ac investors (Part B-	credited in State	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
МО		1						† · · ·		
MT		<u> </u>								
NE		<u> </u>								
NV		 	 							
NH			1							
NJ		X	Common Stock - \$52,500,000	i	\$525,000	-0-	-0-		х	
NM										
NY		Х	Common Stock - \$52,500,000	8	\$9,537,500	-0-	-0-		х	
NC		<u> </u>								
ND										
ОН										
OK							·			
OR										
PA	· ·-									
RI										
SC								ļ <u></u>		
SD		 				,			<u> </u>	
TN		 							 	
TX								ļ		
UT				1			, <u></u>			
VT							<u> </u>			
VA										
WA								<u> </u>		
wv					,					
Wi		X	Common Stock - \$52,500,000	1	\$4,637,500	-0-	-0-		х	

APPENDIX

1		2	3		4					
				}				Disqual	ification	
1			Type of security	ľ				under Sta	ite ULOE	
	Intend t	o sell	and aggregate							
	to non-ac		offering price	ľ	Type of investor and					
	investors	in State	offered in state		amount purchased in State					
	(Part B-	Item 1)	(Part C-Item 1)		(Part C-Item 2)				(Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
WY								 	1	
PR		ļ						 		

